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CONFIRMATION NO. 7257

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/717,410	11/18/2003 RULE	137	3637	C0852-703030	
APPLICANTS Robert B. Chaffee, Boston, MA;					
** CONTINUING DATA ***** This appln claims benefit of 60/427,151 11/18/2002 and claims benefit of 60/427,307 11/18/2002 and is a CIP of 10/430,040 05/05/2003 which claims benefit of 60/377,798 05/03/2002 This application 10/717,410 11/18/2003 is a CIP of 10/192,757 07/10/2002 PAT 7,328,472 which claims benefit of 60/304,274 07/10/2001 and claims benefit of 60/374,403 04/22/2002					
** FOREIGN APPLICATIONS *****					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 03/02/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MICHAEL SAFARI/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	STATE OR COUNTRY MA	SHEETS DRAWINGS 19	TOTAL CLAIMS 65	INDEPENDENT CLAIMS 9
ADDRESS LOWRIE, LANDO & ANASTASI, LLP ONE MAIN STREET, SUITE 1100 CAMBRIDGE, MA 02142 UNITED STATES					
TITLE Inflatable device forming mattresses and cushions					
FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		